

RELIGIOUS OBJECTION TO NEWBORN SCREENING

I/We, _____ and _____,
Print Parent or Guardian Full Name Print Parent or Guardian Full Name

am/are the parent(s)/legal guardian(s) of _____, who was born
Name of Infant
on ____/____/____.
Month Day Year

I/We understand that Utah law [§ 26-10-6(1)] requires that each newborn infant be tested for amino acid disorders (including phenylketonuria), galactosemia, congenital hypothyroidism, hemoglobinopathies, acylcarnitine disorders, and biotinidase deficiency.

I/We understand that failure to detect and treat any of these conditions within the first few days or weeks of life can be life threatening or cause significant handicaps, including mental retardation.

I/We have received a copy of the Newborn Screening informational brochure and have read it. Our health care provider _____ has informed us of the seriousness of these conditions.

With full knowledge of the possible consequences, I/we object to the newborn screening testing on the grounds that I/we am/are members of the _____ religion, which is a specified, well recognized, religious organization whose teachings are contrary to the testing required by Utah law for each newborn infant.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Witnessed by _____
Print Witness Name

Witness signature Date



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